FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # 234947 (0)

1. Corporate Name

WILLIAMS COMPANY OF TAMPA, INC.

APPROVED AND FILED

95 MAR -1 PM 4:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3736 EAST HILLSBORO AVENUE P.O. BOX 11911 TAMPA FL 33680-1911	3736 EAST HILLSBORO AVENUE P.O. BOX 11911 TAMPA FL 33680-1911

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1960	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-0903364	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LAWRENCE, IRVING G.
112 EAST ST
STE A
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: JANET L. SAUNDERS

82 Street Address (P.O. Box Number is Not Acceptable): 3731 REDWOOD DR.

83: LA

84 City: LAND-O-LAKES FL 85 Zip Code: 34639

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Janet L. Saunders (Typed, printed or signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLAIMS, JANE E	1.2 NAME	
STREET ADDRESS	3731 REDWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, ANDREW J.	2.2 NAME	
STREET ADDRESS	3731 REDWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, JANET L	3.2 NAME	
STREET ADDRESS	3731 REDWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZANELLA, DIANE C.	4.2 NAME	
STREET ADDRESS	450 RIVIERA BAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet L. Saunders (TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR) 2/24/95 (Date) 813-237-5353 (Daytime Phone #)

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